SENATE BILL No. 36

DIGEST OF INTRODUCED BILL

Citations Affected: IC 5-10-8-7.4; IC 27-8-14.3; IC 27-13-7-14.2.

Synopsis: Mandatory coverage of annual examinations. Requires group insurance for public employees, group insurers, and health maintenance organizations to provide coverage for annual examinations for a woman who is at least 18 years of age.

Effective: July 1, 2005.

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January 4, 2005, read first time and referred to Committee on Health and Provider Services.



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First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in this style type. Also, the word NEW will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in this style type or this style type reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

SENATE BILL No. 36

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

S [EFFECTIVE JULY
annual examination"

- SECTION 1. IC 5-10-8-7.4 IS ADDED TO T 1 2 AS A NEW SECTION TO READ AS FOLLOW 3 1, 2005]: Sec. 7.4. (a) As used in this section, " 4 means the following examinations:
 - (1) Annual pelvic examination, including a Pap smear test.
 - (2) Annual breast examination.
 - (3) Any other examination commonly included in a gynecological examination.
 - (b) As used in this section, "covered individual" means a woman who is at least eighteen (18) years of age and:
 - (1) covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage;
 - (2) entitled to services under a contract with a prepaid health care delivery plan that is entered into or renewed under section 7(c) of this chapter.
 - (c) A self-insurance program established under section 7(b) of



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1	this chapter to provide health care coverage must provide a
2	covered individual with coverage for an annual examination.
3	(d) A contract with a prepaid health care delivery plan that is
4	entered into or renewed under section 7(c) of this chapter must
5	provide a covered individual with coverage for an annual
6	examination.
7	(e) The coverage required by subsections (c) and (d) may not be
8	subject to dollar limits, deductibles, copayments, or coinsurance
9	provisions that are less favorable to a covered individual than the
10	dollar limits, deductibles, copayments, or coinsurance provisions
11	applying to physical illness generally under the self-insurance
12	program or contract with a prepaid health care delivery plan.
13	(f) The coverage required by subsections (c) and (d) shall be
14	provided in addition to any benefits specifically provided for
15	x-rays, laboratory testing, or wellness examinations.
16	SECTION 2. IC 27-8-14.3 IS ADDED TO THE INDIANA CODE
17	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
18	JULY 1, 2005]:
19	Chapter 14.3. Coverage for Services Related to Annual
20	Examinations
21	Sec. 1. (a) As used in this chapter, "accident and sickness
22	insurance policy" means an insurance policy that:
23	(1) provides at least one (1) of the types of insurance described
24	in IC 27-1-5-1, Classes 1(b) and 2(a); and
25	(2) is issued on a group basis.
26	(b) The term does not include accident only, credit, dental,
27	vision, Medicare supplement, long term care, or disability income
28	insurance.
29	Sec. 2. As used in this chapter, "annual examination" means the
30	following examinations:
31	(1) Annual pelvic examination, including a Pap smear test.
32	(2) Annual breast examination.
33	(3) Any other examination commonly included in a
34	gynecological examination.
35	Sec. 3. As used in this chapter, "insured" means a woman who
36	is:
37	(1) at least eighteen (18) years of age; and
38	(2) entitled to coverage under an accident and sickness
39	insurance policy.
40	Sec. 4. (a) An insurer shall provide coverage for annual
41	examinations in any accident and sickness insurance policy that the
12	insurer issues in Indiana or issues for delivery in Indiana.



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(b) The annual deductible and coinsurance provisions applying to the annual examination benefit required by this chapter may no
be less favorable to the insured than the annual deductible and coinsurance provisions applying to similar benefits under the accident and sickness insurance policy. If the policy does not cover a similar benefit, the deductible and coinsurance provisions of the
policy may not materially diminish the value of the annua examination benefit required by this chapter. (c) The coverage that an insurer must provide under this
chapter may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to the insured that
the dollar limits, deductibles, or coinsurance provisions applying to physical illness generally under the accident and sickness insurance policy.
(d) The coverage that an insurer must provide under this chapter is in addition to any benefits specifically provided under the accident and sickness insurance policy for x-rays, laboratory

testing, or wellness examinations.

SECTION 3. IC 27-13-7-14.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 14.2. (a) As used in this section, "annual examination" means the following examinations:

- (1) Annual pelvic examination, including a Pap smear test.
- (2) Annual breast examination.
- (3) Any other examination commonly included in a gynecological examination.
- (b) A health maintenance organization issued a certificate of authority in Indiana shall provide an annual examination to a female enrollee who is at least eighteen (18) years of age as a covered service under any group contract that provides coverage for basic health care services.
- (c) The coverage that a health maintenance organization must provide under this section may not be subject to a contract provision that is less favorable to an enrollee than contract provisions applying to physical illness generally under the group contract.
- (d) The coverage that a health maintenance organization must provide under this section is in addition to coverage specifically provided under the group contract for x-rays, laboratory testing, or wellness examinations.

SECTION 4. [EFFECTIVE JULY 1, 2005] (a) IC 5-10-8-7.4, as added by this act, applies to a self-insurance program or a contract







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1	between the state and a prepaid health care delivery plan that is
2	established, entered into, or renewed after June 30, 2005.
3	(b) IC 27-8-14.3, as added by this act, applies to accident and

- (b) IC 27-8-14.3, as added by this act, applies to accident and sickness insurance policies that are issued, delivered, or renewed after June 30, 2005.
- (c) IC 27-13-7-14.2, as added by this act, applies to a health maintenance organization contract that is issued, delivered, or renewed after June 30, 2005.

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